Well Aware™

I'm so worried about my friend. She's talking about not wanting to live.

Schools and Suicide

Latest and Best School-based Strategies

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This Well Aware™ Webinar is brought to you by the:

Wyoming
Department
of Health

Commit to your health.

WDE

SCHOOLS AND SUICIDE:

Latest and Best School-Based Strategies

TODAY'S PRESENTER:

MADELYN S. GOULD, Ph.D., M.P.H.
Internationally recognized expert in youth suicide prevention interventions.

Consultant to CDC, SAMHSA, states and communities, and participant in numerous state and national government commissions, dating back more than 25 years.

Her studies examine risk factors for teenage suicide, various aspects of cluster suicides, the impact of the media on suicide, the effect of a peer's suicide on fellow students, suicide postvention programs in schools, the effect of youth suicide screening programs, the utility of telephone crisis services.

Professor, Clinical Epidemiology in Psychiatry at Columbia University, College of Physicians and Surgeons / Research Scientist at New York State Psychiatric Institute

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Schools and Suicide: MORE TIMELY THAN EVER

CASE IN POINT

Sep 2010 issue of Amer J Public Health issue topic:

ADVANCING SCHOOL-BASED HEALTH CARE POLICY AND PRACTICE

CASE IN POINT

Sep. 10, 2010 launch in Washington, DC of major federal initiative:

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

CASE IN POINT

New suicide prevention programs added to Best-Practice Registry:

"SOURCES OF STRENGTH" is latest to receive national designation

CASE IN POINT

IN DEVELOPMENT! A SUICIDE PREVENTION TOOLKIT FOR HIGH SCHOOL PERSONNEL from SAMHSA will help educators implement a comprehensive school-based suicide prevention program at the high-school level

What We'll Cover Today

- **PART I—SETTING THE STAGE: Does suicide prevention *REALLY* belong in schools?**

- **PART II—TYPES OF PROGRAMS: Categories of school-based programs for suicide prevention**

- **PART III—MODEL DISTRICT: What does school suicide prevention "at its best" look like?**

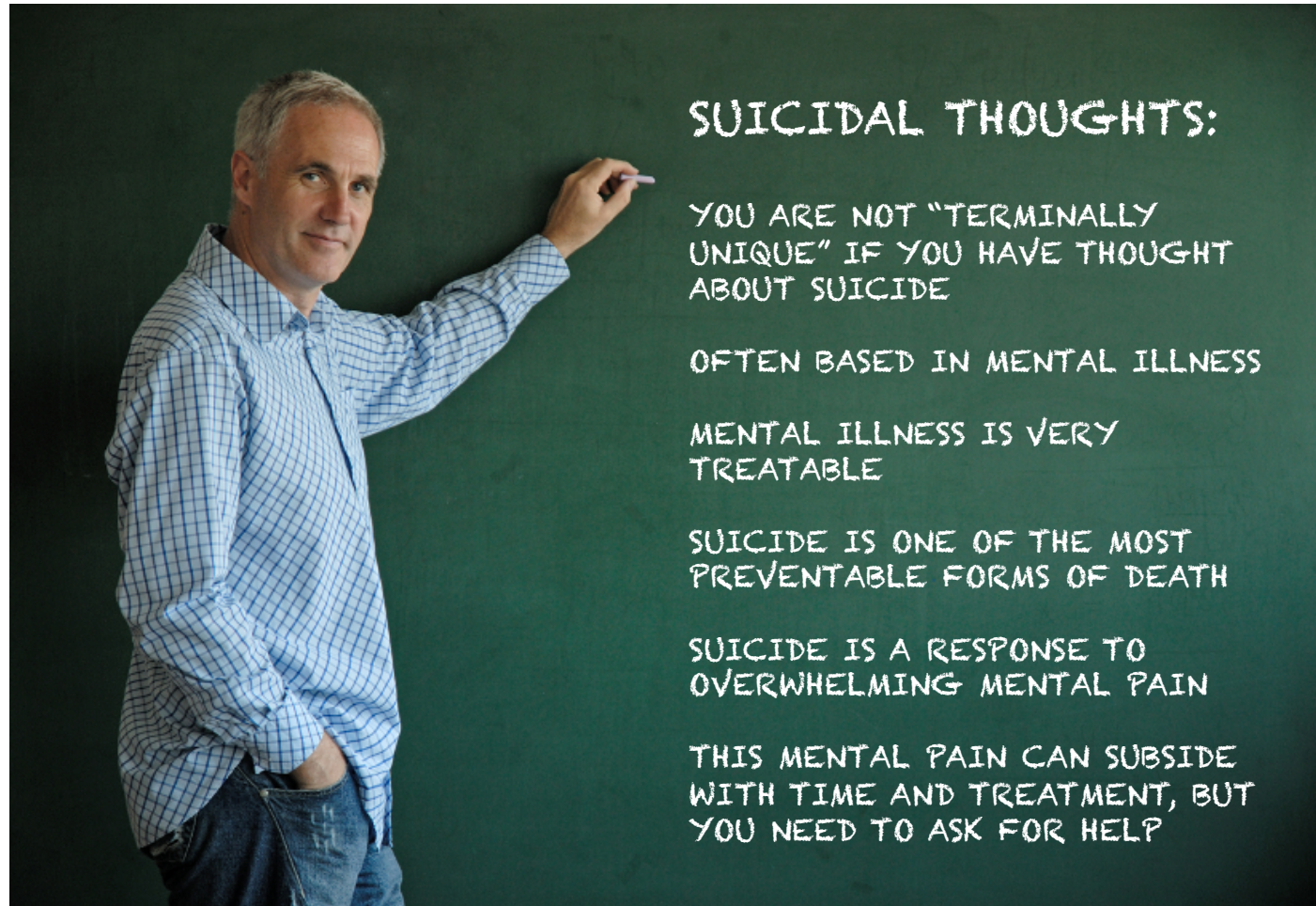- **PART IV—REALITY CHECK: Choosing it, funding it**

PART I

SETTING
THE STAGE:
DOES SUICIDE
PREVENTION *REALLY*
BELONG IN SCHOOLS?

Schools educate our children *about* LIFE-THREATENING harm

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Let's not forget to teach students *about* **preventing SUICIDE**

SUICIDAL THOUGHTS:

YOU ARE NOT "TERMINALLY UNIQUE" IF YOU HAVE THOUGHT ABOUT SUICIDE

OFTEN BASED IN MENTAL ILLNESS

MENTAL ILLNESS IS VERY TREATABLE

SUICIDE IS ONE OF THE MOST PREVENTABLE FORMS OF DEATH

SUICIDE IS A RESPONSE TO OVERWHELMING MENTAL PAIN

THIS MENTAL PAIN CAN SUBSIDE WITH TIME AND TREATMENT, BUT YOU NEED TO ASK FOR HELP

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If children don't learn *about* **SUICIDE PREVENTION**

in **SCHOOL,** where will they learn skills

that can save lives—including

potentially their own?

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Who agrees that suicide prevention belongs in SCHOOLS?

- American Academy of Pediatrics
- American Medical Assoc
- Institute of Medicine
- American Academy of Child and Adolescent Psychiatry
- CDC
- National Institutes of Health
- National Assoc of Secondary School Principals
- U.S. Dept of Education

- World Health Organization
- U.S. Public Health Service
- Substance Abuse and Mental Health Services Administration
- American Public Health Assoc
- Office of the U.S. Surgeon General
- American School Counselors Assoc
- National Assoc of Social Workers
- National Assoc of School Nurses
- Amer College of Emer Physicians

"School systems are not responsible for meeting every need of their students. But **WHEN THE NEED DIRECTLY AFFECTS LEARNING,** the school must meet the challenge."

—CARNEGIE TASK FORCE ON EDUCATION

National HEALTH EDUCATION STANDARDS that

are relevant *to* school-based suicide prevention:

FROM THE CDC NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Pre-K-Grade 2

1.2.1 Identify that healthy behaviors impact personal health.

1.2.2 Recognize that there are multiple dimensions of health.

1.2.5 Describe why it is important to seek health care.

Grades 3-5

1.5.1 Describe the relationship between healthy behaviors and personal health.

1.5.2 Identify examples of emotional, intellectual, physical, and social health.

1.5.3 Describe ways in which safe and healthy school and community environments can promote personal health.

1.5.5 Describe when it is important to seek health care.

- Continued -

National HEALTH EDUCATION STANDARDS that are relevant *to* school-based suicide prevention:

Grades 6-8

1.8.1 Analyze the relationship between healthy behaviors and personal health.

1.8.2 Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence.

1.8.3 Analyze how the environment affects personal health.

1.8.4 Describe how family history can affect personal health.

1.8.5 Describe ways to reduce or prevent injuries and other adolescent health problems.

1.8.6 Explain how appropriate health care can promote personal health.

1.8.7 Describe the benefits of and barriers to practicing healthy behaviors.

1.8.8 Examine the likelihood of injury or illness if engaging in unhealthy behaviors.

1.8.9 Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.

Grades 9-12

1.12.1 Predict how healthy behaviors can affect health status.

1.12.2 Describe the interrelationships of emotional, intellectual, physical, and social health.

1.12.3 Analyze how environment and personal health are interrelated.

1.12.4 Analyze how genetics and family history can impact personal health.

1.12.5 Propose ways to reduce or prevent injuries and health problems.

1.12.6 Analyze the relationship between access to health care and health status.

1.12.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.

1.12.8 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.

1.12.9 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.

PART II

TYPES OF PROGRAMS:

CATEGORIES OF SCHOOL-BASED PROGRAMS FOR SUICIDE PREVENTION

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Overarching **GOALS**
of **school-based suicide prevention strategies:**

1. CASE FINDING *with* **accompanying referral and treatment**

2. RISK FACTOR REDUCTION

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Educational *and* Training Programs *for* youth suicide prevention:
EVIDENCE-BASED *and* BEST PRACTICE

✓**Adolescent Coping With Depression (CWD-A)**
✓**American Indian Life Skills Development/Zuni Life Skills Development**
✓**Applied Suicide Intervention Skills Training (ASIST), LivingWorks**
✓**Ask 4 Help Suicide Prevention for Youth, Yellow Ribbon Suicide Prevention Program**
✓**At-Risk: Identifying and Referring Students in Mental Distress, Kognito Interactive**
✓**Be A Link Suicide Prevention Gatekeeper Training, Yellow Ribbon Suicide Prevention Program**
✓**Campus Connect: A Suicide Prevention Training for Gatekeepers, Syracuse University**
✓**CARE (Care, Assess, Respond, Empower)**
✓**CAST (Coping And Support Training)**
✓**The Connect Project, NAMI New Hampshire**
✓**Gatekeeper Suicide Prevention Programs for middle school and high school, Gryphon Place**
✓**Healthy Education for Life (HELP), Heartline Oklahoma**
✓**Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum, YSPP**
✓**Interactive Screening Program, American Foundation for Suicide Prevention**
✓**LEADS for Youth: Linking Education and Awareness of Depression and Suicide, SAVE**

✓**Let's Talk Gatekeeper Training Program, Massachusetts Department of Public Health**
✓**Lifelines Curriculum, Hazelden**
✓**LOOK LISTEN LINK: A Health Curriculum for Middle School, YSPP**
✓**Making Educators Partners in Youth Suicide Prevention, Society for Prevention of Teen Suicide**
✓**More Than Sad: Teen Depression, American Foundation for Suicide Prevention**
✓**Not My Kid: What Parents Should Know About Teen Suicide, Society for Prevention of Teen Suicide**
✓**Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention, QPR Institute**
✓**QPRT Suicide Risk Assessment and Management Training, QPR Institute**
✓**Reconnecting Youth: A Peer Group Approach to Building Life Skills**
✓**Response: A Comprehensive High School-based Suicide Awareness Program, ColumbiaCare**
✓**SOS Signs of Suicide, Screening for Mental Health**
✓**Sources of Strength, Mark LoMurray**
✓**Student Support Network, Worcester Polytechnic Institute**
✓**Suicide Alertness for Everyone (safeTALK), LivingWorks**
✓**TeenScreen, Columbia University**

Educational *and* **Training Programs** *for* **youth suicide prevention:**
EVIDENCE-BASED *and* **BEST PRACTICE**

HOW DO WE CHOOSE A PROGRAM THAT'S RIGHT FOR US?

nrepp.samhsa.gov

sprc.org/featured_resources/bpr/standards.asp

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TYPE **1** AWARENESS/EDUCATION CURRICULA

UNDERLYING RATIONALE

- Many teens know a suicidal peer
- Teenagers are more likely to turn to a peers for help

MAJOR AIMS

- Facilitate self-disclosure
- Increase teens' identification of at-risk peers

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TYPE **1** AWARENESS/EDUCATION CURRICULA

TYPICAL PROGRAM

- One class period, several hours

- Didactic presentation on "warning signs"

- Videotape of suicidal youngster; consequences of lack of disclosure

HISTORY

- Marked proliferation in 1980s prompted evaluation

(Abbey et al., 1989**; Cliffone, 1993; Kalafat and Elias, 1994; Klingman** and Hochdorf, 1993**; Orbach and Bar-Joseph, 1993; Shaffer et al., 1991, 1990;** Spirito et al., 1988; Vieland et al., 1991)

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TYPE 1 AWARENESS/EDUCATION CURRICULA

BENEFICIAL EFFECTS

- Modest increase in knowledge, attitudes, help-seeking
- Rated by school administrators and school psychologists

as more acceptable, appropriate and effective than other strategies

LIMITATIONS

- Attitude changes not correlated with behavioral change
- Peer networks of suicidal youths are not extensive
- Only a minority of students hold problematic views
- Inadvertent imitation is possible

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TYPE **1** AWARENESS/EDUCATION CURRICULA

DETRIMENTAL EFFECTS

● **Decrease in desirable attitudes**

● **Increase in hopelessness**

● **Decrease in recommendations for mental health referrals by peers**

● **Increase in maladaptive coping responses among boys**

● **Increase in negative reactions among at-risk students; e.g., they're not recommending the program because it *"makes more kids kill themselves"***
(this is student attitudinal response)

TYPE **1** AWARENESS/EDUCATION CURRICULA

POSSIBLE DETRIMENTAL EFFECTS

What is *a* school district to do?

What is the TAKEAWAY?
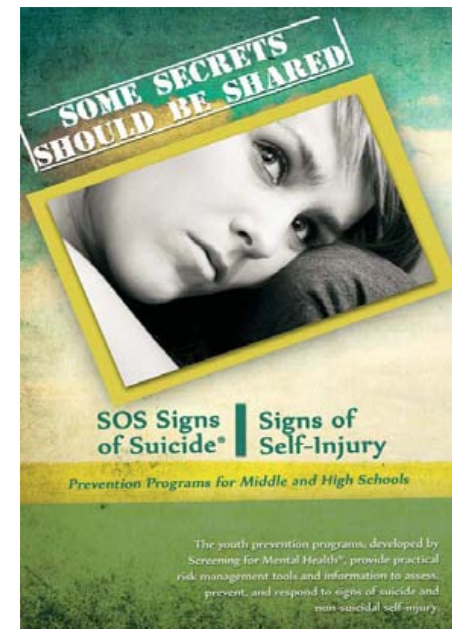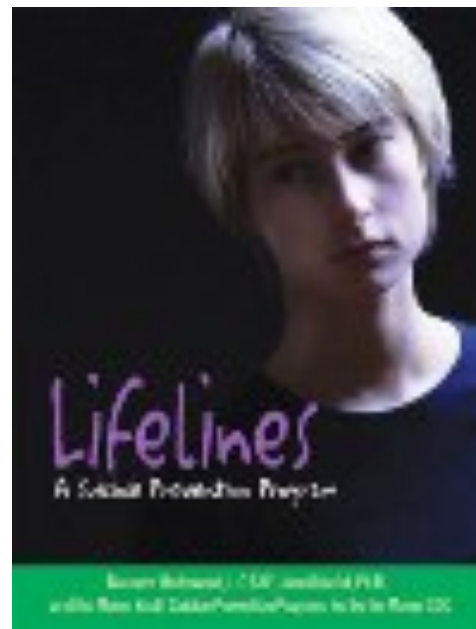
TYPE ① AWARENESS/EDUCATION CURRICULA

NEW DEVELOP- MENTS

Both of these are EVIDENCE- BASED programs

☞

Positive results from these and other new hybrid or "composite" curriculum programs may overcome long-standing reluctance to implement any curriculum-based strategy.

● **HYBRID-COMPOSITE PROGRAMS have spurred new interest**

Lifelines
A Suicide Prevention Program

SOME SECRETS SHOULD BE SHARED

SOS Signs of Suicide® | Signs of Self-Injury

Prevention Programs for Middle and High Schools

The youth prevention programs, developed by Screening for Mental Health®, provide practical risk management tools and information to assess, prevent, and respond to signs of suicide and non suicidal self-injury.

TYPE 2 SCREENING

UNDERLYING RATIONALE

- **Suicidal adolescents are under-identified**
- **Potent risk factors can identify at-risk youth**
- **Youth suicide occurs in the context of an active, often treatable mental illness**
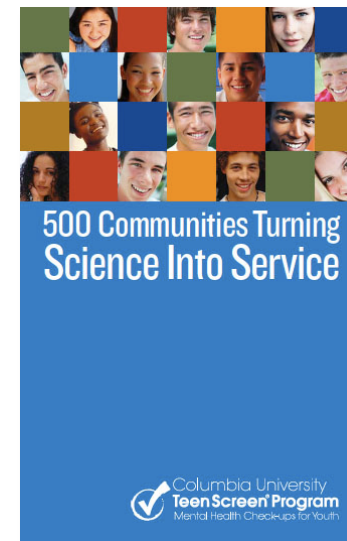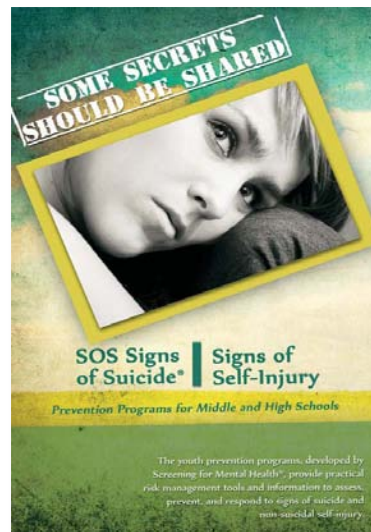
MAJOR AIMS

- **Screen for mood disorder, suicidal ideation, suicide attempt, substance and alcohol abuse**
- **Case manage and treat those identified as at risk**

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TYPE 2 SCREENING

EXAMPLES OF PROGRAMS

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TYPE **2** SCREENING

BENEFICIAL EFFECTS

- **Clinical validity and reliability findings are encouraging**
- **Shown to identify high-risk students—very good to excellent sensitivity 75%-100%, few false negatives**
- **Many high-risk teens were not otherwise known**
- **SOS found short-term decrease in attempts**
- **Facility-level risk for serious suicide attempts were reduced by screening in juvenile justice facilities**
- **Safe, cost effective**

TYPE **2** SCREENING

LIMITATIONS

● **Poor specificity—many false positives that necessitate second-stage evaluations**

● **Suicide risk "waxes and wanes" so multiple screenings may be necessary**

● **Implementation meets resistance by high-school principals and superintendents**

● **Success is dependent on effectiveness of referral:**

There was little systematic assessment of whether at-risk youth have accessed services AFTER their identification by the screen, and whether their health status has improved.

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TYPE 2 SCREENING

HELP-SEEKING ASSESSED AT FOLLOW-UP BY AT-RISK YOUTH AFTER SUICIDE SCREENING

- **About 2/3 of those who were referred to treatment (and participated in the follow-up interview) had used a new service by follow-up**

- **These services were mainly outpatient services and mainly some form of psychotherapy, *not pharmacotherapy***

- **SCREENING APPEARS TO BE EFFECTIVE IN GETTING AT-RISK STUDENTS INTO TREATMENT**

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TYPE 2 SCREENING

MAIN REASONS AT-RISK YOUTHS DID NOT TAP SERVICES AFTER SUICIDE SCREENING

- **Parent did not think child had a problem**

- **Child did not think he/she had a problem**

- **The problem was perceived as not being serious enough to warrant using mental-health services**

- **Child thought the problem would get better on its own**

- **"I wanted to solve the problem by myself"**

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TYPE 3 GATEKEEPER TRAINING

UNDERLYING RATIONALE

- Suicidal youth are under-identified
- Even professionals are reluctant to ask about suicide
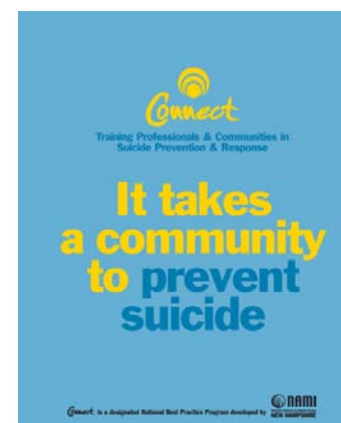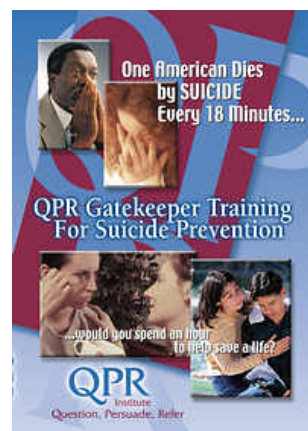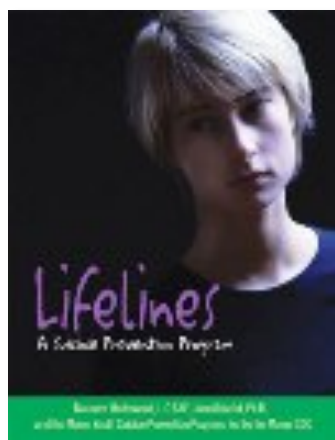- Community helpers can be among the first to detect signs of suicidality

MAJOR AIMS

- Develop knowledge, attitudes and skills to identify at-risk youth, manage the situation, and make referrals

TYPE 3 GATEKEEPER TRAINING

EXAMPLES OF PROGRAMS

LivingWorks

Lifelines
A School Prevention Program

One American Dies by SUICIDE Every 18 Minutes...

QPR Gatekeeper Training For Suicide Prevention

...would you spend an hour to help save a life?

QPR Institute
Question, Persuade, Refer

Connect
Training Professionals & Communities in Suicide Prevention & Response

It takes a community to prevent suicide

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TYPE 3 GATEKEEPER TRAINING

BENEFICIAL EFFECTS

- Increase in knowledge, *SELF RATINGS* of preparation and efficacy of access to referral and treatment services
- Acceptable to parents and school staff

LIMITATIONS

- To date, little data on whether *UTILIZATION* increased
- Variability in gatekeepers' ability and interest (a small proportion of staff (14%) increased their number of queries about students' suicidal thoughts

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TYPE 4 PEER GATEKEEPER TRAINING

UNDERLYING RATIONALE

- Large proportion of teens know a suicidal peer
- Teenagers are more likely to turn to peers for help

MAJOR AIMS

- Facilitate self-disclosure among teens
- Increase teens' identification of at-risk peers

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TYPE 4 PEER GATEKEEPER TRAINING

THE ROLE THAT PEERS PLAY

● **Role of peers varies considerably by program, with some limited to listening and reporting any possible warning signs, and others involving counseling responsibilities.**

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TYPE 4 PEER GATEKEEPER TRAINING

EFFICACY

- Empirical evaluations of these programs are quite limited
- Evaluations are often confined to student satisfaction measures
- Some indication of increase in knowledge, attitude, skills—but no control group
- Potential negative side effects are rarely examined
- To date, there a **LIMITED BODY OF EVIDENCE DOCUMENTING THE EFFICACY OR SAFETY OF PEER HELPING PROGRAMS, DESPITE THEIR WIDESPREAD USE**

TYPE 4 PEER GATEKEEPER TRAINING

NEWEST
ADDITION TO
THE
NATIONAL
BEST
PRACTICE
REGISTRY AT
SPRC

Sources of Strength

Connecting peers and caring adults...

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TYPE 4 PEER GATEKEEPER TRAINING

AM J PUBLIC
HEALTH 2010 SEP

PUBLIC
HEALTH

● **Sources of Strength training improved peer leaders' adaptive norms re suicide, their connectedness to adults, and their school engagement, with the largest gains for those entering with the least adaptive norms.**

Sources Of Strength
Connecting peers and caring adults...

TYPE 4 PEER GATEKEEPER TRAINING

SOURCES OF STRENGTH IS THE FIRST SUICIDE PREVENTION PROGRAM INVOLVING PEER LEADERS TO ENHANCE PROTECTIVE FACTORS ASSOCIATED WITH REDUCING SUICIDE AT THE SCHOOL POPULATION LEVEL.

NEWEST ADDITION TO THE NATIONAL BEST PRACTICE REGISTRY AT SPRC

Sources Of Strength
Connecting peers and caring adults...

TYPE **5** SKILLS TRAINING

UNDERLYING RATIONALE

● **Suicidal youth have deficits in problem solving, coping and cognitive skills**

● **Assumption that providing these skills will have an "immunization" effect**

Unlike school-based suicide awareness programs, the focus of these programs is not directly on suicide, which should reduce their likelihood of contagion.

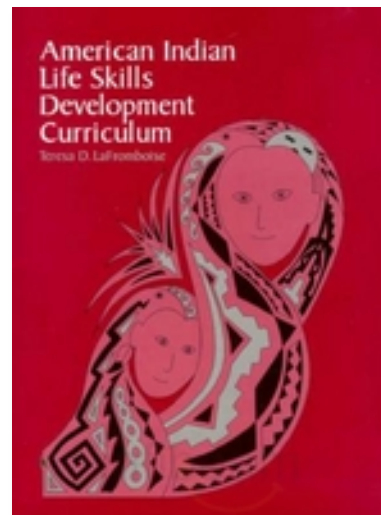Well Aware™

TYPE 5 SKILLS TRAINING

MAJOR AIMS

- Increase strategies to cope with stress and problems
- Enhance resilience and interpersonal relationships
- Prevent/reduce self-destructive behaviors
- Create a positive school environment

TYPE 5 SKILLS TRAINING

EXAMPLES OF PROGRAMS

Both of these are EVIDENCE-BASED programs 👉

American Indian Life Skills Development Curriculum
Teresa D. LaFromboise

Reconnecting Youth
Prevention Program

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TYPE 5 SKILLS TRAINING

American Indian Life Skills Development Curriculum
Teresa D. LaFromboise

EFFICACY

TWO EVALUATIONS OF AMERICAN INDIAN LIFE SKILLS (AILS) DEVELOPMENT CURRICULUM SHOWED:

● **Decrease in suicide ideation, hopelessness, and hostility**

● **Increase in ability to manage and cope with stress, recognize suicidal symptoms, and use appropriate resources**

● **AILS program has been used successfully with non-Indian youth of color, and likely is transferable to Caucasian youth as well**

TYPE **5** SKILLS TRAINING

EFFICACY **SYSTEMATIC EVALUATIONS OF RECONNECTING YOUTH SHOWED:**

● **Increase in protective factors (such as self-esteem)**

● **Decrease in suicidal ideation and behaviors**

● **Decrease in risk factors (such as depression, anger, hopelessness)**

HOWEVER…

TYPE 5 SKILLS TRAINING

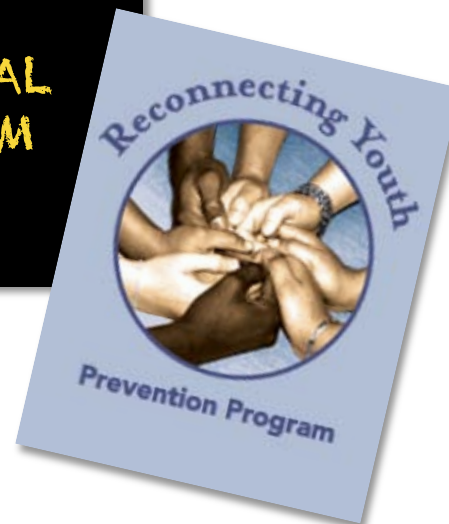**EFFICACY**   RECONNECTING YOUTH'S "INTERVENTION AS USUAL"

SOMETIMES PRODUCED SIGNIFICANT REDUCTION IN SUICIDE RISK; AND

● Recent evidence of an NEGATIVE effect:

- Students bonded with other at-risk youth, had a lower grade-point average, and a higher level of anger

- Being exposed to the intervention program caused increased alcohol use and anger

TYPE 5 SKILLS TRAINING

GROUPING AT-RISK YOUTH, WITH SIMILAR BEHAVIORAL AND/OR EMOTIONAL PROBLEMS, SEEMS TO BE A POTENTIAL FLAW OF THIS INTERVENTION, ELICITING UNTOWARD IATROGENIC EFFECTS.

☞

POTENTIAL PROGRAM FLAW

Reconnecting Youth

Prevention Program

PART III

MODEL DISTRICT:

WHAT DOES SCHOOL SUICIDE PREVENTION "AT ITS BEST" LOOK LIKE?

Best school suicide prevention *is* **COMPREHENSIVE**

and forms a **CONTINUUM** of activities

School Suicide Prevention:
- ✓ **HEALTH PROMOTION**
- ✓ **PREVENTION**
- ✓ **INTERVENTION**
- ✓ **POSTVENTION**

Schools and Suicide: CHOOSING IT, FUNDING IT

RESOURCE ALERT!

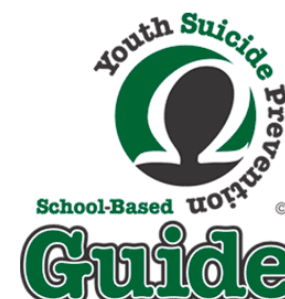**Youth Suicide Prevention in the State of Maine—A National Model**

RESOURCE ALERT!

Youth Suicide Prevention SCHOOL-BASED GUIDE—A National Resource

RESOURCE ALERT!

IN DEVELOPMENT! A SUICIDE PREVENTION TOOLKIT FOR HIGH SCHOOL PERSONNEL from SAMHSA will help educators implement a comprehensive school-based suicide prevention program at the high-school level

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Schools and Suicide: CHOOSING IT, FUNDING IT

FUNDING ALERT! **BLOCK GRANTS: Including Maternal and Child Health (MCH), which provides $662 million in formula funding to state MCH programs; state-level MCH program areas include injury/suicide/violence prevention**

FUNDING ALERT! **GLS MEMORIAL ACT FEDERAL FUNDING**

FUNDING ALERT! **STATE GENERAL FUND**

FUNDING ALERT! **STATE CHILDREN'S CABINET**

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Schools and Suicide: CHOOSING IT, FUNDING IT

FUNDING ALERT!   **FEES FROM PARTICIPANTS AND/OR SERVICES DELIVERED**

FUNDING ALERT!   **SAFE AND DRUG-FREE SCHOOLS, TITLE 1 AND OTHER ENTITLEMENTS**

FUNDING ALERT!   **PRIVATE PHILANTHROPIC DONATIONS**

FUNDING ALERT!   **AFSP "OUT OF THE DARKNESS" COMMUNITY WALKS**

In Conclusion

■   No school-based strategy reviewed is without its unique strengths and limitations, and continuing evaluation studies are needed.

■   Promising empirically-based prevention strategies include hybrid curriculum programs, gatekeeper and peer training programs, screening for at-risk youth, and types of skills training for students.

In Conclusion

■   **Positive results from new hybrid or "composite" curriculum programs may overcome long-standing reluctance to implement any curriculum-based strategy.**

■   **Programs will need to be adapted to cultural traditions of each community.**

For example, the WHO's cooperative work with SEAR countries has recognized various traditional knowledge, and has incorporated non-western wisdom in problem-solving and life-skills training programs to improve youth mental health. (SEAR, 2007)
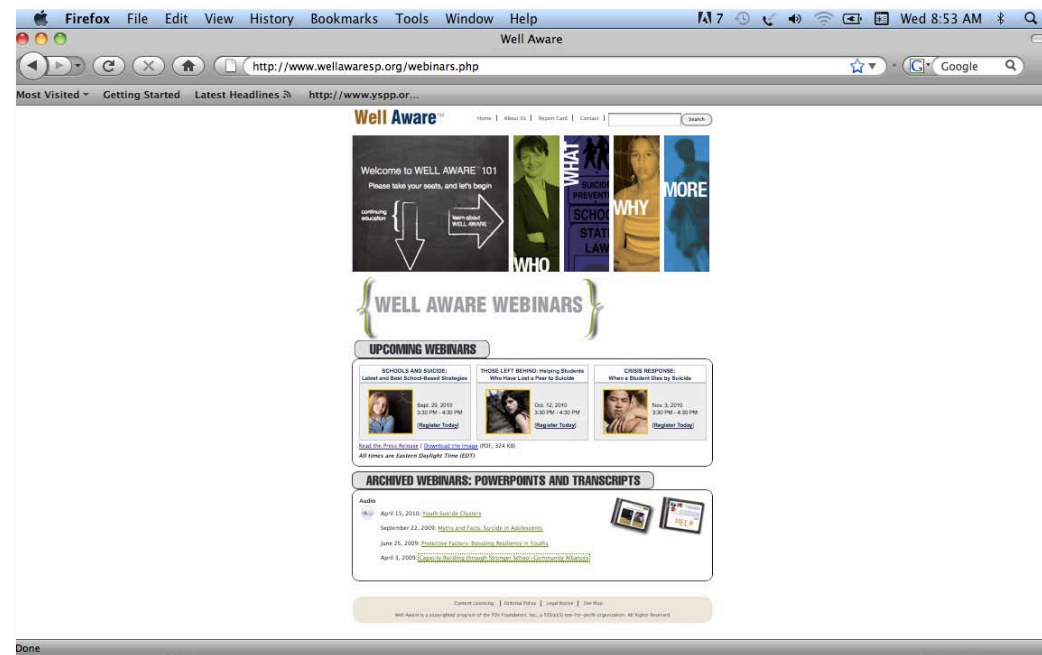
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Well Aware™ *A Youth Suicide Prevention Program for Education Policymakers and Influencers*

Certificate of Participation

THIS CERTIFICATE IS PRESENTED TO:

In recognition of attendance at the national Well Aware™ webinar:

SCHOOLS AND SUICIDE:
LATEST AND BEST SCHOOL-BASED STRATEGIES

September 29, 2010

Senior Editor, Well Aware™   Date

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Email your request to talkback@wellawaresp.org

SCHOOLS AND SUICIDE:

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Access this PPT at www.wellawaresp.org/webinars.php

RESOURCES cited in this webinar:

Lifelines http://www.hazelden.org/web/public/lifelines.page

SOS http://www.mentalhealthscreening.org/

The Connect Project http://theconnectproject.org/

QPR http://www.qprinstitute.com/

LivingWorks http://www.livingworks.net/

Sources of Strength http://www.sourcesofstrength.org/

American Indian Life Skills http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81

Reconnecting Youth at NREPP

http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=96

The Youth Suicide Prevention School-Based Guide http://theguide.fmhi.usf.edu/

Maine Youth Suicide Prevention Program for Schools

http://www.maine.gov/suicide/professionals/program/index.htm